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CONFIRMATION NO. 7977

<b>SERIAL NUMBER</b> 10/697,454	<b>FILING OR 371(c) DATE</b> 10/30/2003 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 281-317	
<b>APPLICANTS</b> Richard W. Newman, Auburn, NY; Corinn C. Fahrenkrug, Liverpool, NY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/02/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 99	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 20874					
<b>TITLE</b> Apparatus and method for diagnosis of optically identifiable ophthalmic conditions					
<b>FILING FEE RECEIVED</b> 3070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		